

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
1592-0164PUS1

Application No. 10/589,348-Conf. #8171	Filing Date August 11, 2006	Examiner R. N. Kackar	Art Unit 1792
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Applicant(s): Eiichi SHIMIZU et al.

Invention: VAPOR PHASE GROWTH APPARATUS

**MS Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 20 =	0	x 52.00	0.00
Independent Claims	1	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					130.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					130.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 02-2448 in the amount of \$ 130.00. A duplicate copy of this sheet is enclosed. A check in the amount of \$ \_\_\_\_\_ is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Marc S. Weiner  
Attorney Reg. No.: 32,181

Dated: August 6, 2009

BIRCH, STEWART, KOLASCH & BIRCH, LLP  
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<p><i>Effective on 12/08/2004.</i>  <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p><b>FEE TRANSMITTAL</b>  <b>For FY 2009</b></p>		<i>Complete if Known</i>	
		Application Number	10/589,348-Conf. #8171
		Filing Date	August 11, 2006
		First Named Inventor	Eiichi SHIMIZU
		Examiner Name	R. N. Kackar
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
TOTAL AMOUNT OF PAYMENT		(\\$) 130.00	Art Unit Attorney Docket No. 1592-0164PUS1

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17       Credit any overpayments

## **FEE CALCULATION**

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u><b>Application Type</b></u>	<u><b>FILING FEES</b></u>		<u><b>SEARCH FEES</b></u>		<u><b>EXAMINATION FEES</b></u>		
	<u><b>Fee (\$)</b></u>	<u><b>Small Entity Fee (\$)</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Small Entity Fee (\$)</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Small Entity Fee (\$)</b></u>	<u><b>Fees Paid (\$)</b></u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

## **2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

#### Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
7	- 20 or HP	0	x 52.00 = 0.00	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

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1 - 3 or HP = 0 x 220.00 = 0.00

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**HP** = highest number of independent claims paid for, if greater than 3.

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

**Non-English Specification. \$130 fee (no small entity discount)**

Other (e.g., late filing surcharge): 1251 Extension for response within first month

130.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	32,181	Telephone (703) 205-8000
Name (Print/Type)	Marc S. Weiner	Date	August 6, 2009	